

**CURB**  
**Meeting Minutes**  
October 20, 2010

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**PRESENT**

**Board:** David Butsch, MD, Michel Benoit, MD, Norman Ward, MD, Patricia Berry, MPH, Molly Hastings, MD, Adam Kunin, MD, Delores Burroughs-Biron, MD,

**Other Interested Parties:** Madeline Mungeon (VMS)

**DVHA Staff:** Michael Farber, MD (Medical Director, DVHA; moderator), Stephanie Beck (DVHA), Daljit Clark (DVHA), Vicki Loner (DVHA), Ramona Godfrey (DVHA), Mary Gover (DVHA), Ron Clark (DVHA), Danielle Delong (DVHA)

**HANDOUTS**

- Agenda
- Prior Authorization Process
- Hayes News Service FDA Alerts Public About Complications From Negative Wound Pressure Therapy
- Negative Pressure Wound Devices Draw FDA Notice, Advice
- Copy of PowerPoint Presentation

**CONVENE: Dr. Farber convened the meeting at 6:35 pm.**

**1.0 Introductions**

Dr. Michael Farber opened the meeting with introductions of himself and CURB members including a short professional bio from himself and each of the CURB members.

**2.0 Overview of CURB-Dr. Michael Farber**

Dr. Farber provided a power point presentation with an overview of the background and purpose of the CURB. The CURB board will look at new technology for the presence of evidence based literature and current standards to support coverage of selected medical services by VT Medicaid. Dr. Farber discussed that a significant function of the CURB will be to also look at established services, with data provided by DVHA to determine whether there is provider overuse and abuse of medical services. The differences in definition among abuse, misuse and fraud were discussed.

**3.0 Commonly employed utilization controls (Dr. Farber)**

Dr. Farber explained the Medicaid mission to cover medically necessary services, which includes diagnostic tests, procedures, surgeries, DME, pharmacy, OR, ER and services provided at other locations.

The CURB is charged with making recommendations to DVHA to create utilization controls without decreasing access or reducing quality of care and to ultimately improve health care for Vermont beneficiaries.

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Guiding principles for consideration in coverage decisions were discussed.

**4.0 Process for Submitting Prior Authorizations- Daljit Clark**

Ms. Clark explained the process for prior authorization which begins from a request form with the beneficiary's information, provider information, proposed procedure(s) and procedure and revenue codes. The administrative staff formulates the request and puts the request into the system; they then forward all submitted documentation to the DVHA nurses for review. Clinical determinations are based on nationally recognized McKesson's Interqual criteria, guidelines developed by DVHA using peer reviewed medical literature and other nationally recognized evidence based resources noted in the handout. Daljit explained that PA requests are mandated to be reviewed and returned to the provider within 3 days with a decision on approval, denial, or request for additional information.

All nurse-recommended denials (usually due to lack of medical documentation or justification of need) are reviewed and final decision rendered by the Medical Director or a health care professional with the appropriate clinical expertise for the service requested. Daljit explained that appeals first go through the policy department and directions may be found on the Notice of Decision. DVHA instructs the beneficiary to call Maximus for initialization of an appeal, which is then sent to the policy unit for review.

Dr. Benoit asked if the DVHA looks at medical equipment/items used by providers during surgery (for example, a specific surgical mesh). Daljit responded not unless the specific procedure code needs prior authorization. Mary Gover from the Reimbursement Unit responded that inpatient services are paid on the Diagnosis Related Grouper (DRG) value. Dr. Benoit wondered if physicians understand coverage of new equipment and the cost to the hospital. Daljit said the CURB may recommend utilization controls of these services through the PA process

**5.0 Process for requesting non-covered new technology – Daljit Clark**

DVHA reviews requests from beneficiaries for coverage of non-covered services or items via the Exception Request Process: the beneficiary and their provider submit the request to the Policy Unit; the request is evaluated by the Medical Director; and the recommendation sent to the Commissioner for official approval or denials.

**6.0 Assessment of new codes and technology coverage – Daljit Clark**

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Dr. Benoit asked how DVHA evaluates new equipment and determines reimbursement. New procedure codes are reviewed annually with the publication of the new CPT-4 and HCPCS manuals. The DVHA clinical staff (including Dr. Farber) evaluates each code for clinical coverage and the need for PA.

It was asked why Vermont reviews codes identified as accepted services by the AMA. Daljit explained that new services may need utilization controls, may not meet Medicaid guidelines (as discussed earlier) or may lack sufficient medical literature for unrestricted coverage. Some new codes have a strong potential for misuse or abuse and require further consultation from specialists in the community. When the cost of a new service is high, cost must be considered, especially if there already exists an equally-acceptable alternative. Some new services may be unavailable in Vermont.

Category III CPT Codes are a set of temporary codes for emerging technology, services, and procedures which are created to allow for data collection. Most of these codes are not covered because safety and clinical efficacy has not yet been established.

Dr. Kunin asked where fee schedules may be found for inpatient Dregs or outpatient OPPS. Mary Gover answered that both the DRG and the OPPS fee schedules may be found on the DVHA web site.

### **7.0 Discussion on Wound V.A.C. - Dr. Farber**

Dr. Faber introduced the wound vac (V.A.C.) which will be presented fully at the next CURB meeting. A press release from CMS regarding the vac warned providers regarding its use and was provided to the CURB. DVHA currently uses Interqual criteria for the vac but also reviews reports provided by the treating physician. The vac is reimbursed at about \$100 a day so that determination of medical necessity is extremely important to the program.

### **8.0 Data Support for CURB – Daljit Clark**

The Clinical Utilization Data Analyst position was created to support the CURB in identifying and recommending opportunities to improve efficiencies in the DVHA medical programs. This position will review medical claims data to identify high cost and high use services and will also gather and analyze data for any recommendations forwarded by the CURB members. The data analyst will also provide support to DVHA regarding clinical projects that will be beneficial to adopt.

### **9.0 Meeting time and agenda topics-Dr. Farber**

The CURB meeting today provided an overview to the CURB, Medicaid guiding principles, utilization controls, prior authorization, and exception requests, DVHA desires a collaborative relationship with the CURB members and members will be

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encouraged to take an expanding role to present issues for consideration as well as evaluating proposals from DVHA. The CURB will meet monthly for the first six months; the next meeting was agreed to be held November 17, 2010. Dr. Butsch asked if ideas for utilization control and policy restrictions presented by CURB members can be supported with data from DVHA. Dr. Kunin asked if DVHA requires beneficiaries to provide co-pays for services. Stephanie Beck explained that there are requirements for co-pays for some services which depend on the specific program enrolled by the beneficiary. Dr. Ward asked if the CURB was a public meeting? The CURB meets that criteria and will have formal announcements, including proposed agenda and minutes as well as remain open to the public. DVHA will check with legal whether there is any potential liability for CURB members, which seemed unlikely since the CURB provides recommendations to DVHA.

**Adjournment – CURB meeting adjourned at 8:25 pm.**

**Next Meeting**

**November 17, 2010**

**Time: 6:30 PM – 8:00 PM**

**Location: Department of Vermont Health Access, Williston, VT**